Department of Veterans Affairs		CAREE	CAREER DEVELOPMENT APPLICATION			
1. REVIEW DATE (Leave blank)	2. CAREER DEVELOPMENT NO.	(leave blank) 3. FACILITY NO.	4. SOCIAL SECURITY	NUMBER 5.	DATE OF LAST SUBMISSION - CD	
6. LOCATION HEALTH C	ARE FACILITY		1	•		
7. APPLICANT (Last Name	e, First Name, M.I.)		DEGREE		TELEPHONE NO.	
8. PROGRAM TITLE (72 o	characters maximuim)					
9. PRECEPTOR(S) NAME	E, VA TITLE AND ACADEMIC DEGI	REE				
		I.,				
10. PROGRAM LEVEL		11. PROPOSED STAR	11. PROPOSED STARTING DATE			
ASSOCIATE INVESTIGATOR		12.				
RESEARCH ASSOCIATE		A. U.S. CITZEN		YES	□ NO	
CLINICAL INVESTIGATOR		B. STATE LICENS	SED IN			
MEDICAL INVESTIGATOR		C. SPECIALITY B	SOARD			
SENIOR MEDICAL INVESTIGATOR		D. SUBSPECIALT	TY BOARD			
13. PRIMARY RESEARC	H PROGRAM AREA		PRIMARY RESEARCH SPECIA	LTY AREA		
			·			
14. VA HOSPITAL SERVI	ICE AND SECTION					
	32 / 1					
15. ACADEMIC RANK, DI	EPARTMENT AND AFFILIATION					
16. PROGRAM USE (Each	h item must have a response)					
HUMAN SUBJECTS	YES NO	INVESTIGATIONAL DRUGS	YES NO	RADIOISOTOPES	YES NO	
ANIMAL SUBJECTS YES NO INVESTIGATION		INVESTIGATIONAL DEVICES	YES NO	BIOHAZARDS	YES NO	
RECOMMEN	IDATION	PRIORITY SCORE	PRIORITY RAN	ıĸ	FUNDING START DATE	
		MEDICAL RESEARC	CH SERVICE ACTION			
NUMBER FI	UNDED		FUNDED			
PRIORITY F	FUNDED		NOT FUNDED			
				MERIT REVIEW	BOARD REVIEW	
	-				loate.	
SIGNATURE APPLICANT	ī				DATE	
	=====				DATE	
SIGNATURE ACUS FUR	RESEARCH AND DEVELOPMENT				DATE	

VA FORM JAN 2000(RS) 10-0102

DO NOT WRITE IN THESE SPACES

SUMMARY DESCRIPTION OF PROGRAM

CONTINUE A	AT DESCRIPTION OF PROGRAM
APPLICANT	
TITLE OF PROGRAM/PROJECT	
KEY WORDS (NEST terms only; three minimum)	
BRIEF STATEMENT OF RESEARCH OBJECTIVES ($Do\ not\ use\ continuation\ sh$	eet)